Development Part B System of Care

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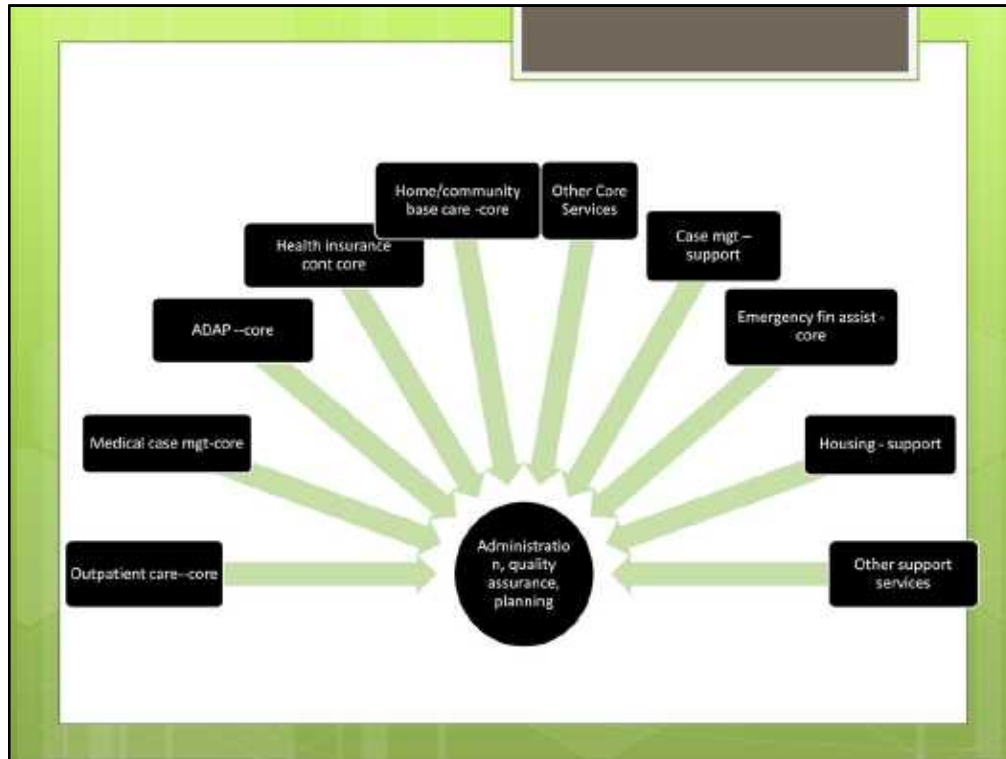
BASICALLY THIS IS HOW THE PART B PROGRAM SHOULD LOOK LIKE. Part B staff does the planning, administration and of the program. Contracts the services keeping in mind that there needs to be coordination and continuation.

2006 Service Delivery Change

- Emphasis of Service Delivery system to meet emerging need
- Ensure Quality of Care

  Data and core/support services driven
- Coordinate R W services other delivery services

  Need other funding sources other
- Evaluated the impact of Ryan White Funds - Services Outcome driven—Reasonableness of cost– emphasis on units of service, data collection

HRSA Emphasis

- Planning –Comprehensive Plan and Statewide Coordinated Statememt Need

- Quality – Performance Measures

- Coordinate Services—Parham letter 2009; Pin 10-02 and Pin 12-01 (Service Definition)

- Service Outcome –RSR, Monitoring Fiscal, Universal and program standards

Services Standards

- HRSA Service definitions
- Description of the Services to be provided qualified and quantified
- Specific standard related to personnel, training and licensure
- Standards
- Quality Management

ONE OF THE CHANGES IS PROVIDING STANARDS FOR EVERY SE4RVICE THIS SHOUD TAKE THE PRESSURE FROM TRING TO DECIDE IS THIS ALLOWED OR NOT BUT GIVE YOU SOMETHING THAT TELLS YOU OK THIS IS HOW IT SHOULD LOOK, THIS IS THE PERSONNEL I NEED TO HAVE, THE ACEPTED WAY TO DO THIS SERVICCE.

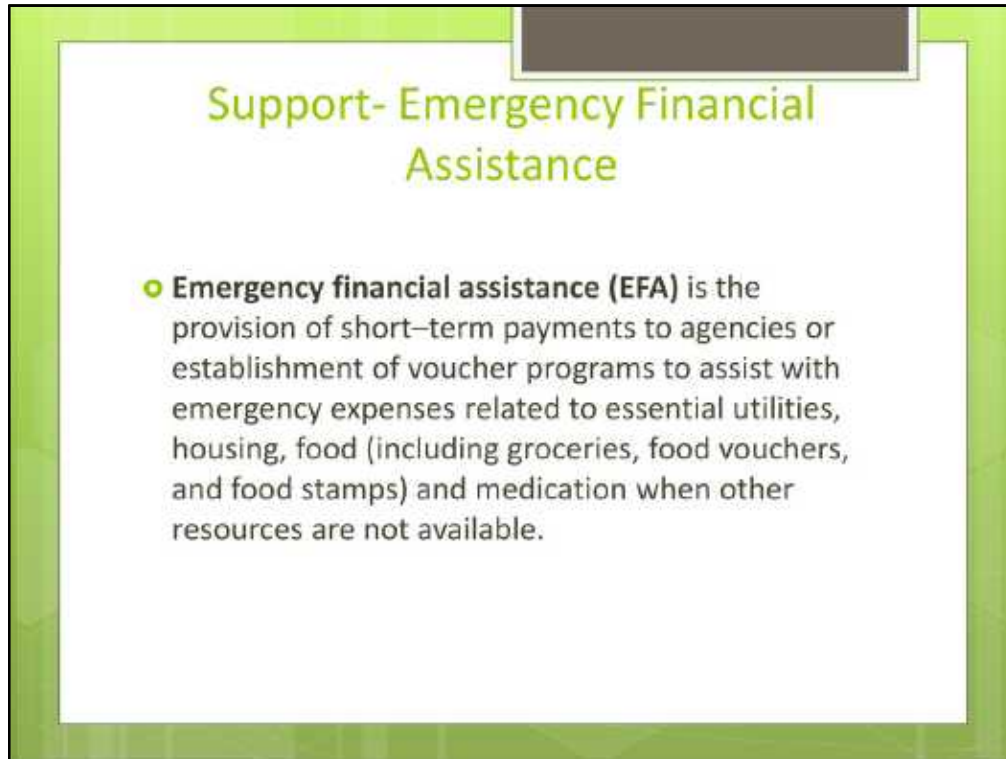I WILL BE GIVING YOU EXAMPLES OF WHAT WE WILL PROVIDING YOU. Also

This morning we provided you with the latest definitions. Everything in yellow is changes to the 2009 definitions. FOR EXAMPLE LETS LOOK AT SUBSTANCE ABUSE.
AS YOOU SEE IT ALLOWS ACCUPUNTURE.

Support Services

- Non-Medical Case Management
- Child Care
- Emergency Assistance
- Food Bank
- Health education/risk reduction
- Housing services
- Legal services
- Linguistic services

- Outreach services
- Psychosocial support
- Pastoral care/Counseling
- Treatment Adherence Counseling
- Residential Substance Abuse
- Respite Care
- Referral for Health Care/Supportive services
- Rehabilitation

Support- Emergency Financial Assistance

○ **Emergency financial assistance (EFA)** is the provision of short–term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps) and medication when other resources are not available.

Given in short assistance amount of assistance should be quantified:
Medication not to exceed $300 per unduplicated client per grant year
Part A EFA programs in the TGA cover limited financial assistance (not to exceed $300
Essential Unitilies no more $350 a year
Housing must be accompanied with relocation plan and assistance.
Rental limited to four continous month or $2,400 p4r year
per unduplicated client per grant year) to pay only medication not in formulary and essential utilities to include electricity, gas, water/sewerage and propane gas.

 Quality: Protocols in place to ensure that funds are distributed fairly and consistently.

Indicator: Number of stabilized clients (determined by decreased need for EFA, stable housing, reduced number of requests)

Service Unit(s): CareWare units of successful processing of payment

Core-Outpatient/Ambulatory Medical Care

○ Outpatient/Ambulatory medical care (health services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies..

WHEN WE LOOK AT THIS DEFINITION AND TAKE ON CONSIDERATION WHAT WE HAVE OUTLINE INTHIS PRESENTATION WE COME WITH THE FOLLOWING SERVICE PICTURE:

THE SERVICE IS:

❑ Office based – clinical based medical care

❑ Provided by staff that participates direct provision of care which will be a Licensed Physician Care, Nurse Practioner, Physician assistant

❑ Has to have an established Quality Assurance Plan

❑ Able to collect data

SO IS PAYING FOR THE BILL ONE BY ONE FOR THE

CLIENT OUTPATIENT MEDICAL CARE OR EMERGENCY CARE

Support – Case Management (non medical)

o **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Key activities of non-medical case management include, but are not limited to:
BENEFIT MANAGING
linkage to medical case management and psycho-social services as needed
Advocating on behalf of clients to decrease service gaps and remove barriers to services
Helping and empowering clients INDEPENDENT living skills and strategies
Providing unbiased and ethical services
Service Unit(s): Face to face visit or phone conversation with client(s) documented in CareWare
Indicators: Number of self-sufficient clients

Core – Oral Health

○ **Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Services routine dental examinations, prophylaxis, x-rays, fillings, endodontistry (gum disease), and simple extractions
Then ccan be capped or base on treatment plan .
Emergency procedures will be treated on a walk-in basis
Cosmetic dentistry for cosmetic purposes only is prohibited.
 Dentists must be licensed and accredited as specified by the Louisiana State Board of Dentistry (LSBD
Indicators:
Number of clients enrolled in Oral Health Care
Number of clients with completed Phase 1 of treatment plan
Service Unit(s): Face to face clinic visit in CareWare

Summary of service model progression
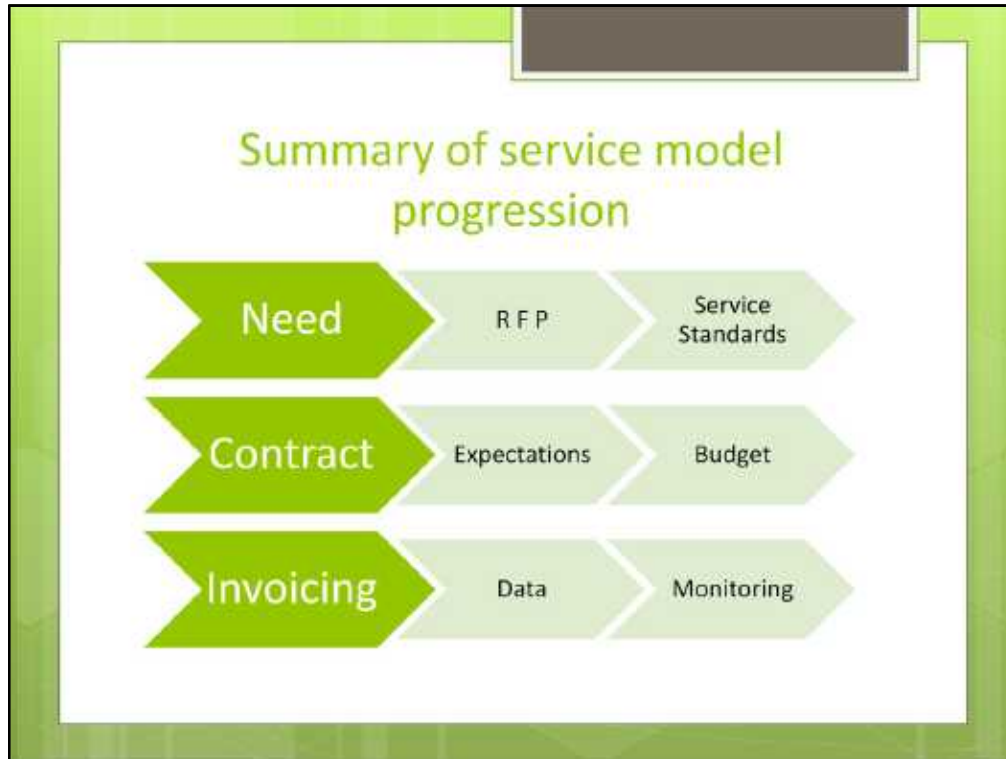
Planning give rise to identification and prioritizes need in the state

RFP addresses with services those needs

Service standards define the services

Service Contracts are issued----Agencies can have several contracts or one contract with all services

Contracts must have the service expectation How where when the services are to be delivered, quality, data and cost base reimbursement requirements.

Budget – one per service category to ascertain cost, reasonableness and for financial reporting

Invoicing – Cost base reimbursement and will be in the same format as to capture expenses by budget categories

Data - Per service units therefore the service definition in CareWare must be the same as the service and unit definition in the standards.

Monitoring – the act of observing implementation of regulated activities and evaluating compliance outcomes.

Categorical line items
- Personnel
- Fringes
- Travel
- Equipment
- Supplies
- Contracts
- Other direct costs

Line item cost are those cost directly attributable to the service provided

The agency should present a budget for each proposed service and administration

Line Item	Salary	%FTE	Current Budget	Current Invoice	Expenditure to Date	Unexpended Balance
Cost Reiumbursement Invoice						
Sub Receipient Name						
Service Category						
Administration						
Personnel						
Subtotal Salaries						
Fringe Benefits						
Total Personnel						
Travel						
Total Travel						
Supplies						
Total Supplies						
Contractual/Subcontracts						
Total Contractual/Subcontracts						
OTHERS - direct cost						
Total Direct Cost						
Service Category Expense						
Personnel						
Subtotal Salaries						
Fringe Benefits						
Total Personnel						
Travel						
Total Travel						
Supplies						
Total Supplies						
Contractual/Subcontracts						
Total Contractual/Subcontracts						
OTHERS - direct cost						
Total Direct Cost						
Total Requested Grant Funds						
PROGRAM INCOME						

QUESTIONS
NEXT STEPS